

implications, organizational problems and need for training involved in these health checks.

The point is made that every specialty needs a technology; in health and social care of elderly people the technology is that of assessment. In this sense the book is a useful addition to the debate, but there is still a good deal of developmental work to be done before definitive statements about the best assessment instruments can be made.

Is the book helpful to the health worker in the community? It does support three assessment instruments included in *Occasional paper 59*. There are interesting discussions about the measurement of carer burden and various stress indices which could be helpful to community workers. All in all, however, I felt that this was principally a book for those working in hospital and in research, but it could be of help to other workers in that it gives an account of the present development of assessment. We still have to wait for an authoritative, comprehensive, fully evaluated package of assessment instruments capable of being used in primary care.

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THE PREVENTION OF SUICIDE

Rachael Jenkins, Sian Griffiths, Ian Wylie, Keith Hawton, Gethin Morgan and André Tylee (eds)
HMSO, London (1994)
194 pages. Price £35.00

This conference report, tightly packed with expert information by 32 contributors, seems to be aimed at a wide audience. It covers thoroughly what is known and what is believed about the causes of suicide, the possibility of prevention, the care of suicidal patients and the aftermath of the disaster. It ends with an important section on the implications for training, research and policy.

As I was reading this report, I happened to be in close touch with a friend who is simultaneously bereaved and suicidal from an episode of recurrent depressive illness which started before his wife died. In this context the report offers help only within the Samaritans chapter. The rest is not intended for that purpose.

If I was still in active practice, I would find most relevance in the chapter by Denis Pereira Gray. He concentrates on depression, because it is the most common precursor of suicide and therefore seems to offer chances of prevention. But how far is this really true? A much reported study published in 1974 found that 40% of patients who succeeded in suicide had seen their general practitioner within the previous week (the percentage of young males, now the most worrying group, was much lower) (*Br J Psychiatry* 1974; **125**: 355-373). In contrast, a recent study, covering Scotland, found that only 16% of patients dying from this cause had seen their general practitioner within the preceding week (*Br J Gen Pract* 1994; **44**: 345-348). But this study points to the importance of assessing suicidal risk in patients with a psychiatric history. Another recent study from Scandinavia agreed with the Scottish figure, but found that a third of the patients who died had expressed suicidal thoughts during their last consultation (*Acta Psychiatr Scand* 1989; **79**: 268-275).

'It is simply not known how many of these cases could have been prevented', but it remains true that significant episodes of depression are too often missed by general practitioners. Pereira Gray proposes a plan of action under 10 headings. I pick out one because it is both obvious and controversial. There is evidence that patients are more likely to consult for depression if they feel

that they know their doctor well than if they do not. Personal continuity is therefore relevant and that seems likely to be achieved more often when practices have a personal list system.

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QUALITY AND AUDIT IN GENERAL PRACTICE: MEANINGS AND DEFINITIONS

Oliver Samuel, Janet Grant and Donald Irvine (eds)
Royal College of General Practitioners, London (1994)
35 pages. Price £5.00

This short book was compiled from the proceedings of a conference of 20 doctors convened by the audit programme of the Royal College of General Practitioners. It lists alphabetically the recommended meanings of many words that are used ambiguously in the context of audit but, recognizing that alternatives are used widely, it also includes them. By pointing out the differences the authors throw more light on the issues involved.

Despite its format, it is a book best read from cover to cover, referring back where appropriate. Anyone with some practical experience of audit could save time by using it as their main informative text in audit and the authors' approach will promote more thought than other texts. From the definitions the reader will see a clear link between clinical guidelines, protocols, criteria, standard setting, data collection, outcome, quality assessment and quality assurance. There is a long list of useful references.

Inevitably some definitions beg for more. In defining assessment one asks what is meant by attitudes? Confidentiality during audit is only defined in relation to patients. Many would see it as important to apply to individual care professionals who are not participating in the audit but whose work may be referred to. These minor points aside, this book should help bring precision to quality assurance.

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